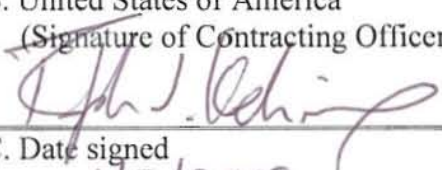


**IQC TITLE: AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES –
SECTOR I (AIDSTAR I) PROGRAM**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

ACTIVITY TITLE: PUBLIC SECTOR HIV/AIDS SERVICE DELIVERY SUPPORT

1	Amendment Number	A01
2	Effective Date	January 7, 2009
3	RFTOP Number	611-2008-01
4	Issuing Office	USAID/Zambia
5	<p>Description of amendment: The purpose of this amendment is to provide responses to the questions received under the subject RFTOP.</p> <p>Accordingly, the RFTOP is amended as follows:</p> <p><u>I. Cover Page:</u></p> <p>1. Paragraph 7, Attachments : Delete in its entirety and Replace with the following: “ USAID expects each e-mail to be no larger than 10 MB with the following format:</p> <p>A. Technical Proposal <i>A.1 Technical Proposal (1 pdf document)</i> <i>A.2 Requested Attachments/Appendices (see page 52 of Section L of the RFTOP) combined into 1-2 pdf documents that are clearly marked.</i></p> <p>B. Cost Proposal <i>B.1 Budget (in MS Excel)</i> <i>B.2 Budget notes (1 pdf document)</i></p> <p>C. Additional Attachments (Optional) <i>C.1 In addition to the requested attachments listed in the Instructions on Page 52 of Section L of the RFTOP, the offerors may add up to 3 optional attachments to the Proposal.”</i></p> <p>Note: The restriction is on the size of each e-mail and not on the number of e-mails.</p>	
6A	Name and title of Signer: _____	7A. Name and Title of Contracting Officer Ralph V. Koehring Contracting Officer
6B	Contractor/Offeror: (Signature of authorized person)	7B. United States of America (Signature of Contracting Officer) 
6C	Date Signed	7C. Date signed 1/7/2009

II. Technical Proposal

1. On page 11 under *Technical Approaches*, can USAID/Zambia please clarify the term “Provide PMTCT in mobile ART services”?

ANSWER: The current program supports the delivery of antiretroviral treatment (ART) services through mobile units to broaden coverage. The new Program shall emphasize a greater integration of prevention into existing service delivery modalities. One intervention involves the prevention of mother-to-child transmission (PMTCT) through services and products to be provided in existing and new mobile ART units. Such an intervention should increase the coverage and use of PMTCT as well as other important maternal, newborn, and child health (MNCH) services, especially among pregnant women with limited access to static health facilities. Offerors should propose approaches/activities to support the delivery of PMTCT services through mobile units, which: (1) targets pregnant women with limited health service access; (2) appropriately integrates the delivery of other MNCH services; (3) encourages the involvement of male partners; and (4) does not compromise the quality of ART service delivery.

2. In the Task 1 Indicators table on page 14, the ART targets under Indicator B increase by 1,000 individuals each year for both adults and children. For pediatric cases, this results in the target tripling between Year 1 and Year 5. Can USAID/Zambia please confirm that this is the intended result?

ANSWER: For indicator B on page 14, under table 3, as well as on page 31, under table 7, the illustrative annual milestones and end-of-program (EOP) targets for new adult clients receiving ART shall remain the same (i.e., increasing by 1,000 individuals each year). Pediatric targets are revised as follows:

	Y1	Y2	Y3	Y4	Y5	EOP
New pediatric clients receiving ART	1,750	2,000	2,250	2,500	2,750	11,250

3. On page 27, under 6. *Procurements*, it is stated that “the contractor shall *not* anticipate the need to procure . . . MC surgical equipment and supplies”. Can USAID/Zambia please confirm where these equipment and supplies should come from?

ANSWER: The Supply Chain Management System (SCMS) will procure the equipment and supplies for male circumcision (MC).

4. On page 31, in Table 7 under Pediatric ART (newly initiated individuals) the RFTOP is asking for 20,000 new children put on ART by EOP with 95,000 adults. This represents 21% of the adult figure which is extremely high. Empirical data from service stats puts this proportion more realistically at about 7%. Will USAID/Zambia please clarify the targets as possibly added up instead of cumulative?

ANSWER: See answer 2 above.

5. In addition, also on page 31, under Table 7, the palliative care indicator is counted as a non-cumulative indicator. Given that there will only be about 134,000 adults on treatment (11,000 children), it seems that the cumulative final figure of 120,000 may be more accurate instead of 500,000 new adults receiving pall care (and 60,000 children). Will USAID/Zambia please confirm?

ANSWER: For indicator B on page 14, under table 3, as well as on page 31, under table 7, the illustrative annual milestones and end-of-program (EOP) targets for new clients receiving basic health care and support services shall remain the same.

6. Will the successful contractor be expected to work in GDA sites in non-ZPCT supported provinces?

ANSWER: Yes.

7. On page 41 of the RFTOP, paragraph 1 under *Section H – Special Task Order Requirements*, USAID/Zambia states “Offerors may propose . . . **four** key personnel positions”. Immediately after, under the paragraph titled *H.1 Key Personnel*, USAID lists “**five** positions designated as key personnel”. Can USAID please confirm the number of key personnel?

ANSWER: Paragraph 1 is hereby corrected to read “Offerors may propose an expatriate or international candidate for one of the **five** key personnel positions.”

8. On page 49 under A. Format, it is indicated that that the Times New Roman font – 12 point or larger – should be used, with “fixed pitch spacing”. According to our publications department, “fixed pitch spacing” would result in a text that looks like this:

The quick brown fox jumped over the lazy dog

This would result in considerable less text per square inch. We recognize that USAID/Zambia would like to ensure that the 12 point font or larger is used, with appropriate spacing given between each line of text and paragraph, and no kerning. Can USAID/Zambia please either a) give an alternate interpretation of the term “fixed pitch spacing” or b) reconsider the “fixed pitch spacing” requirement?

ANSWER: Section L.5 under Format, delete “fixed pitch spacing.” Offerors are allowed to use appropriate spacing.

9. On page 49 under *B. Content*, USAID/Zambia states “Technical proposals must include the following **six** sections . . .”, whereas the instructions laid out in Section L are only for the 5 sections of 1) Executive Summary, 2) Strategic and Technical Approach, 3) Performance Management and Evaluation Plan, 4) Staffing and Key Personnel, and 5) Organizational

Mission, Capacity, and Past Performance. Please confirm if there is a 6th section required, or if the above 5 make up the technical proposal.

ANSWER: Please refer to page 50 of the RFTOP which indicates that the 6th section is the various attachments.

III. Cost Proposal

10. On page 52 under *L.6 Instructions for the Preparation of the Cost Proposal*, there is a table presented detailing the percent of COP09 funding levels given to each program area. The percentages add up to 101%. Will USAID/Zambia, please confirm from which program area the extra percentage point should be taken?

ANSWER: The program area for management of HIV/TB co-infection is reduced from 12% to 11%.

11. On page 52 under *L.6 Instructions for the Preparation of the Cost Proposal (b)* USAID/Zambia asks that the cost proposal be submitted in envelopes – whereas in the cover letter, electronic submission is requested. Can USAID/Zambia please confirm the desired mechanism for submission of the cost/business management proposal?

ANSWER: Please note that both hard and electronic copies are required for the technical and cost proposal.

[End of Amendment No.1]